STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155655	A. BUILDING **02** B. WING _____	R **03/12/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY RETIREMENT COMMUNITY	**400 W SEVENTH ST** **NORTH MANCHESTER, IN 46962**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/26/15 and 01/27/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 03/12/15 Facility Number: 000485 Provider Number: 155655 AIM Number: 100291190 Surveyor: Thomas Forbes, Life Safety Code Specialist At this PSR survey, Peabody Retirement Community was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2. This facility consists of Health Care Center South a fully sprinklered two story building of Type II (111) construction, Health Care North and Smock Memory Enhancement Center both are one story fully sprinklered buildings of Type II (111) construction, and Therapy Center is a one story fully sprinklered buildings of Type II (000) construction. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridor and resident rooms. The facility has a capacity of 192 and had a census of 169 at the time of this survey.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{K 000}	Continued From page 1 Quality Review by Dennis Austill, Life Safety Code Specialist on 03/12/15.	{K 000}		